

# Preferences and attitudes of Saudi female patients toward the gender of obstetricians and gynecologists

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**Author Affiliation:**

<sup>1</sup>Department of Obstetrics and Gynecology, College of Medicine, King Saud University, Riyadh city, Saudi Arabia  
<sup>2</sup>Alfarabi College of Medicine, Riyadh city, Saudi Arabia  
<sup>3</sup>Department of Pathology, College of Medicine, King Saud University, Riyadh city, Saudi Arabia

**Corresponding author**

Consultant and Assistant professor, Obstetrics and Gynecology Department, College of medicine, King Saud University, Riyadh City, Saudi Arabia;  
 Email: kakkour@ksu.edu.sa

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**Khalid Akkour<sup>1✉</sup>, Waleed H Alkhamis<sup>1</sup>, Modhi M AlJumah<sup>2</sup>, Lora T Dahy<sup>1</sup>, Hani Alhalal<sup>1</sup>, Nada Alayed<sup>1</sup>, Maria Arafah<sup>3</sup>, Shazia Iqbal<sup>2</sup>**

**ABSTRACT**

**Background:** Our aim is to evaluate the preferences and attitudes of Saudi females toward the gender of obstetricians and gynecologists (OB/GYN).

**Methods:** We conducted an observational cross-sectional survey-based study on June-July 2020 among females attending the primary health care clinics in our institution. **Results:** We analyzed the association between the participants' variable characteristics and their gender preferences. Among 593 respondents, 74% preferred female OB/GYN doctors, while 17.4% have no gender preference and only 8.6% preferred male doctors. The most common reasons for female gender preference were "Issues of personal modesty" (58.2%), followed by "Religious beliefs" (44.7%), and "Females understand the problem better" (23.1%). More than third (40.8%) believed that a career in OB/GYN should be reserved for females. **Conclusion:** Similar to other Middle East countries, our society has a strong female OB/GYN gender preference and nationwide studies should be carried out and adopting new strategies are important to promote education, enhance workplaces and inaugurate gender equity.

**Keywords:** Bias, Females, Gender, Gynecologists, Obstetricians, Preference

**1. BACKGROUND**

A career in obstetrics and gynecology (OB/GYN) is stressful and very demanding. It is associated with a significant amount of physical and psychological exhaustion. OB/GYN residents have the highest prevalence of stress and burnout compared to residents in other medical specialties (Gelfand, 2004). Several studies analyzed stress levels and symptoms among residents in different medical specialties including OB/GYN. Most papers concluded that the primary reasons for excessive stress were sleep deprivation, long weekly working hours, post-call clinical responsibilities, and the inability to maintain balance between work and family life (Martini, 2004; Geurts et al., 1999). Furthermore, OB/GYN was a less favorite profession by

most residents due to professional liabilities in terms of litigations and insurance crises (Collier et al., 2002). Other reasons for avoiding OB/GYN is gender bias, discrimination, and inequity by patients due to their preference for female obstetricians and gynecologists (Iqbal et al., 2020). A study by Makam et al. (2010) reported that 51.7% of patients had no gender preference, while 44.5% and 3.8% preferred female doctors and male doctors, respectively.

Despite our conservative society in Saudi Arabia, there is lack of data to indicate the preferences and attitudes of Saudi females toward gender selection of OB/GYN doctors. Most male residents find it difficult to thrive in OB/GYN and believe that it is an extremely challenging field (Iqbal et al., 2020). Their perceptions are based on their experiences during OB/GYN rotations where they do not feel welcomed by most female patients (Iqbal et al., 2020; Lambert et al., 2003). Moreover, gender discrimination has a remarkable impact on their work performances and engagement in clinical examinations and procedures (Emmons et al., 2004; Craig et al., 2018). The conservative nature of most females is a main concern even for male medical undergraduates who also suffer during their OB/GYN block due to their lack of exposure and patients' refusal for male students to observe their clinical pelvic examinations or procedures. These poor encounters lead to poor clinical training and affect their educational experience in OB/GYN (Zahid et al., 2015).

Our study attempts to evaluate the preferences and attitudes of Saudi females toward female and male obstetricians and gynecologists and to reveal the reasons behind their perceptions. The findings are thought to help residents and undergraduates in understanding the views of female patients, searching for ways to gain their trust and making an informed decision when choosing an OB/GYN career. In addition, the findings can also guide medical educators and health administrates in designing strategies to equally support males and females in OB/GYN.

## 2. METHODS

This is a cross-sectional survey-based study that took place in a tertiary university hospital for a period of two months on June-July 2020. The survey was distributed to women attending the primary health clinics. The purpose of the study was explained and an informed consent was obtained from all participants before they were given the survey. The survey was divided into two sections. The first section gathered information about the sociodemographic characteristics such as age, residency, marital status, level of education, employment, monthly income, and parity. The second section included direct and indirect questions to assess their preferences and attitudes toward the gender of OB/GYN physicians along with questions assessing their reasons for their choices. Data analysis was done using SPSS software version 26. Categorical variables were expressed in frequencies. A Chi-squared test and multiple logistic regression analysis were used to describe the association between participants' characteristics and their responses. A p-value <0.05 was considered significant.

## 3. RESULTS

Among a total of 730 females, 593 completed the survey with a response rate of 72.3%. The sociodemographic characteristics of the respondents are summarized in Table 1. The participants were distributed across different age groups with only 2.2% below 20 years of age. Most participants were living in the Central area of Saudi Arabia (71%) followed by the Western providence (16%), the Eastern and Northern providences (5.9%), and a small percentage of females were residing in the Southern providence (1.2%). Most females were married (74.4%), had children (75%) and were at a high educational level (a diploma or a university degree) (81.2%). More than half of the participants were unemployed (55.6%) and 23.9% reported a lower than average monthly income (less than 2000 SR). On the other hand, 35.1% of the participants reported a high monthly income of more than 10000 SR.

**Table 1** The sociodemographic characteristics of the participants.

Characteristics of participants	Frequency	Percentage
Age		
Less than 20	13	2.2
21 – 30	165	27.8
31 – 40	132	22.3
41 – 50	158	26.6
More than 50	125	21.1
Residence		
Central area	421	71.0

Southern area	7	1.2
Western area	95	16.0
Eastern area	35	5.9
Northern area	35	5.9
Marital status		
Single	101	17.0
Married	441	74.4
Divorced	23	3.9
Widow	28	4.7
Educational level		
Primary school	7	1.2
Intermediate school	21	3.5
High school	83	14.0
Diploma	75	12.6
University degree	407	68.6
Employment		
Unemployed	330	55.6
Employed	263	44.4
Monthly income		
Less than 2000 Riyals	142	23.9
2000 – 5000 Riyals	95	16.0
5000 – 8000 Riyals	66	11.1
8000 – 10000 Riyals	82	13.8
More than 10000 Riyals	208	35.1
Number of children		
No children	148	25.0
1	52	8.8
2	66	11.1
3	53	8.9
4	79	13.3
More than 4	195	32.9

Most respondents preferred female OB/GYN physicians (74%). The most common reasons for this preference were "Issues of personal modesty" which was reported by 58.2% of the participants followed by "Religious beliefs" (44.7%), and "Females understand the problem better" (23.1%) (Figure 1). The preferences and attitudes of the participants are presented in Table 2. Most females (79.3%) accepted to be examined by a male OB/GYN physician in case of an emergency and the unavailability of female doctors. Most females preferred female OB/GYN physicians for pregnancy follow up appointments (73%), high-risk pregnancy follow up (51.1%), oncological indications (46%) or urogynecological/reconstructive surgeries (65.9%). However, when asked about surgeries in general, 36.6% preferred a male surgeon, 33.7% preferred a female surgeon and 29.7% had no gender preference. Furthermore, 40.8% of the participants thought that OB/GYN should be restricted to female doctors. The reasons for choosing a male or female OB/GYN physician are presented in Table 3.

**Table 2** Preferences and attitudes toward OB/GYN doctors.

Predictors and parameters of preference	Frequency	Percentage
Gender preference regarding OB/GYN doctors		
Prefer male	51	8.6
Prefer female	439	74.0
No preference	103	17.4
Reasons behind the preference (multiple answers allowed)		

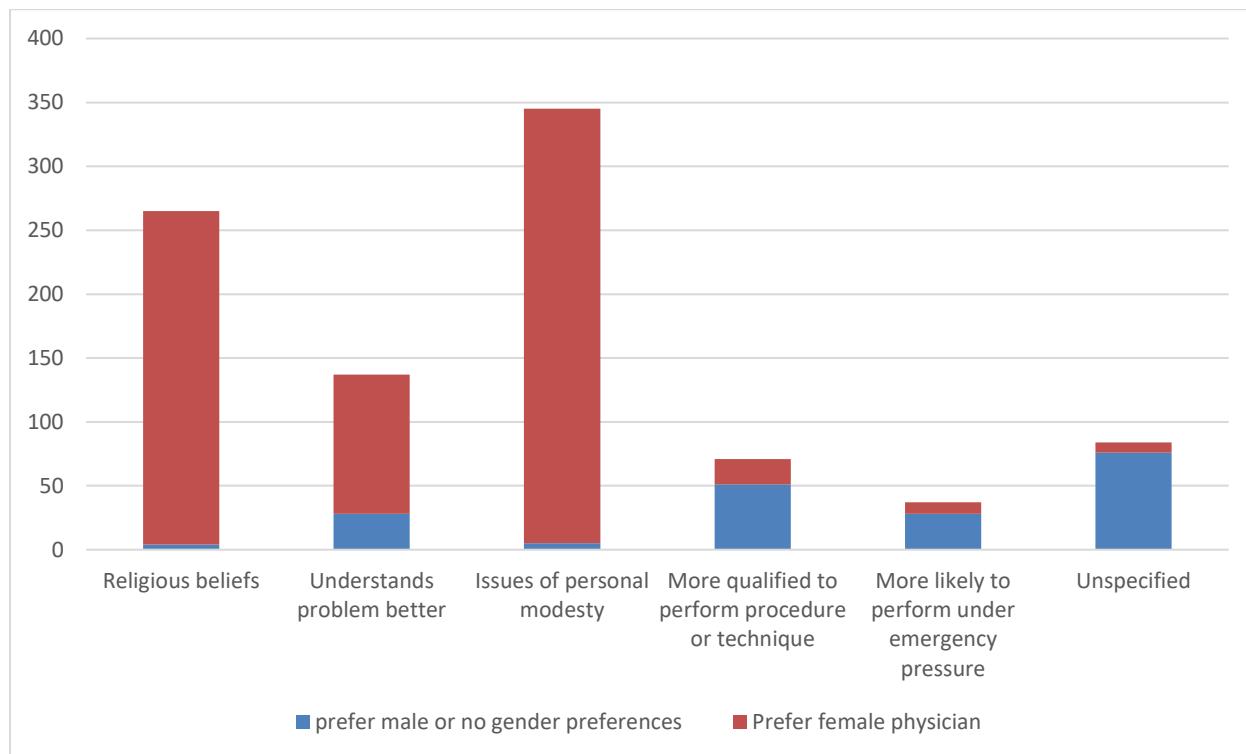
Issues of personal modesty	346	58.2
Religious beliefs	266	44.7
Females understand the problem better	137	23.1
Unspecified	84	14.2
More qualified to perform a procedure or technique	71	12.0
More likely to perform under emergency pressure	37	6.2
Others	8	1.3
In a case of an emergency where no female OB/GYN doctors are available in the hospital, will you agree to be examined by a male OB/GYN doctor?		
No	123	20.7
Yes	470	79.3
Do you prefer a male or a female OB/GYN physician during your pregnancy follow up appointments?		
Female doctor	433	73.0
Male doctor	43	7.3
No gender preference	117	19.7
If you are following up with the maternofoetal and high-risk pregnancies clinic, will you prefer a male or a female OB/GYN doctor?		
Female doctor	303	51.1
Male doctor	106	17.9
No gender preference	184	31.0
If you are going to undergo surgery, will you prefer a male or a female OB/GYN surgeon?		
Female doctor	200	33.7
Male doctor	217	36.6
No gender preference	176	29.7
If you are referred to a gynaecologic-oncology clinic, will you prefer a male or a female OB/GYN oncologist?		
Female doctor	273	46.0
Male doctor	131	22.1
No gender preference	189	31.9
If you are referred to aurogynecologist and adult reconstructive surgeon, will you prefer a male or a female OB/GYN physician?		
Female doctor	391	65.9
Male doctor	84	14.2
No gender preference	118	19.9
Do you think OB/GYN doctors should only be females?		
No	351	59.2
Yes	242	40.8

**Table 3** Reasons for gender preferences.

Reasons for gender preferences	Number of participants preferring males or have no gender preferences	Number of participants preferring females
Religious beliefs	4	261
Understands problem better	28	109
Issues of personal modesty	5	340
More qualified to perform	51	20

procedure or technique		
More likely to perform under emergency pressure	28	9
Unspecified	76	8

Our results (Tables 4 and 5) show that age, area of residence, marital and employment statuses and parity are significantly associated with a female gender preference ( $p$ -value <0.05). Compared to women from the Central area, those from the Western providence are less likely to prefer a female doctor ( $OR=0.31$ ). Married women are more likely to prefer female doctors compared to single women ( $OR=2.6$ ). Employed women are less likely to prefer female doctors compared to unemployed women ( $OR=0.42$ ). The odds of preferring female doctors increase with increased parity ( $OR=1.2$ ). Figures 2-4 depict the frequencies of respondents preferring male or female OB/GYN physicians in accordance to their area of residence (Figure 2), marital status (Figure 3), and number of children (Figure 4).



**Figure 1** Reasons for gender preferences

**Table 4** A comparison between the characteristics of those who prefer a female OB/GYN doctor to those who prefer a male OB/GYN doctor or have no gender preferences.

Variables		Participants preferring males or have no gender preferences Number (percentage)	Participants preferring females Number (percentage)	p-value
Age	Less than 20	7(53.8)	6(46.2)	0.005
	21 – 30	51(30.9)	114(69.1)	
	31 – 40	34(25.8)	98(74.2)	
	41 – 50	43(27.2)	115(72.8)	
	More than 50	19(15.2)	106(84.8)	
Residence	Central area	88(20.9)	333(79.1)	<0.001
	Southern area	3(42.9)	4(57.1)	
	Western area	40(42.1)	55(57.9)	
	Eastern area	10(28.6)	25(71.4)	
	Northern area	13(37.1)	22(62.9)	

Marital status	Single	48(47.5)	53(52.5)	<0.001
	Married	90(20.4)	351(79.6)	
	Divorced	7(30.4)	16(69.6)	
	Widow	9(32.1)	19(67.9)	
Educational level	Primary school	0(0.0)	7(100.0)	0.327
	Intermediate school	5(23.8)	16(76.2)	
	High school	19(22.9)	64(77.1)	
	Diploma	16(21.3)	59(78.7)	
	University degree	114(28.0)	293(72.0)	
Employment	Unemployed	61(18.5)	269(81.5)	<0.001
	Employed	93(35.4)	170(64.6)	
Monthly income	Less than 2000 Riyals	30(21.1)	112(78.9)	0.073
	2000 – 5000 Riyals	31(32.6)	64(67.4)	
	5000 – 8000 Riyals	18(27.3)	48(72.7)	
	8000 – 10000 Riyals	14(17.1)	68(82.9)	
	More than 10000 Riyals	61(29.3)	147(70.7)	
Number of children	No children	58(39.2)	90(60.8)	<0.001
	1	17(32.7)	35(67.3)	
	2	16(24.2)	50(75.8)	
	3	15(28.3)	38(71.7)	
	4	20(25.3)	59(74.7)	
	More than 4	28(14.4)	167(85.6)	

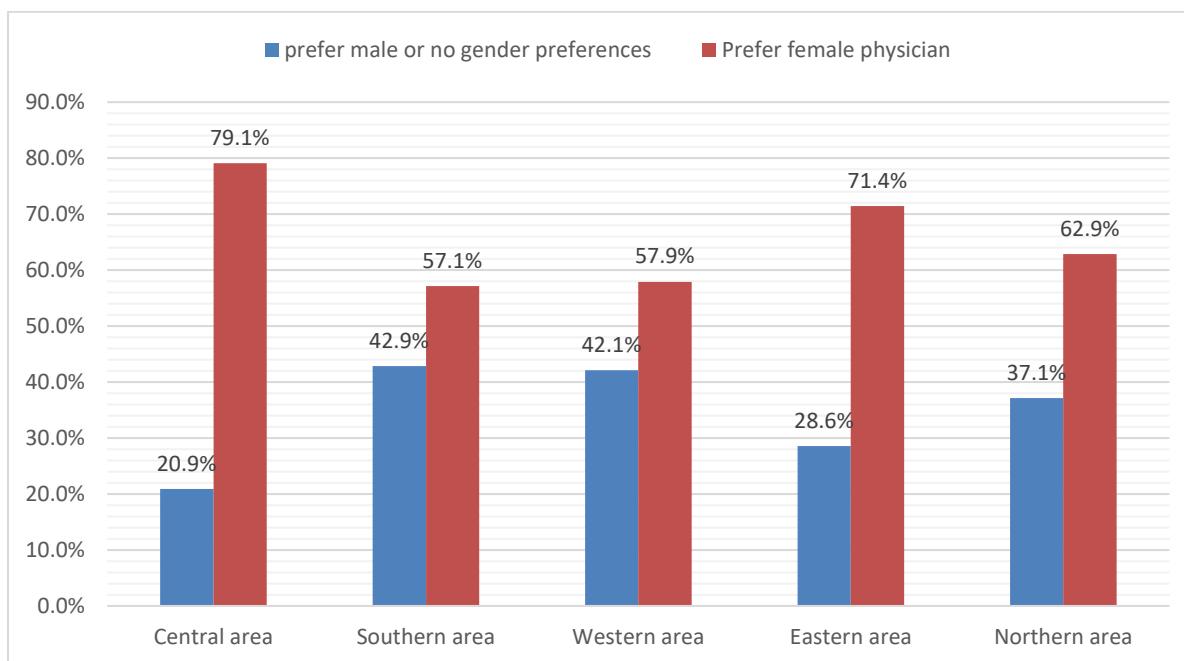
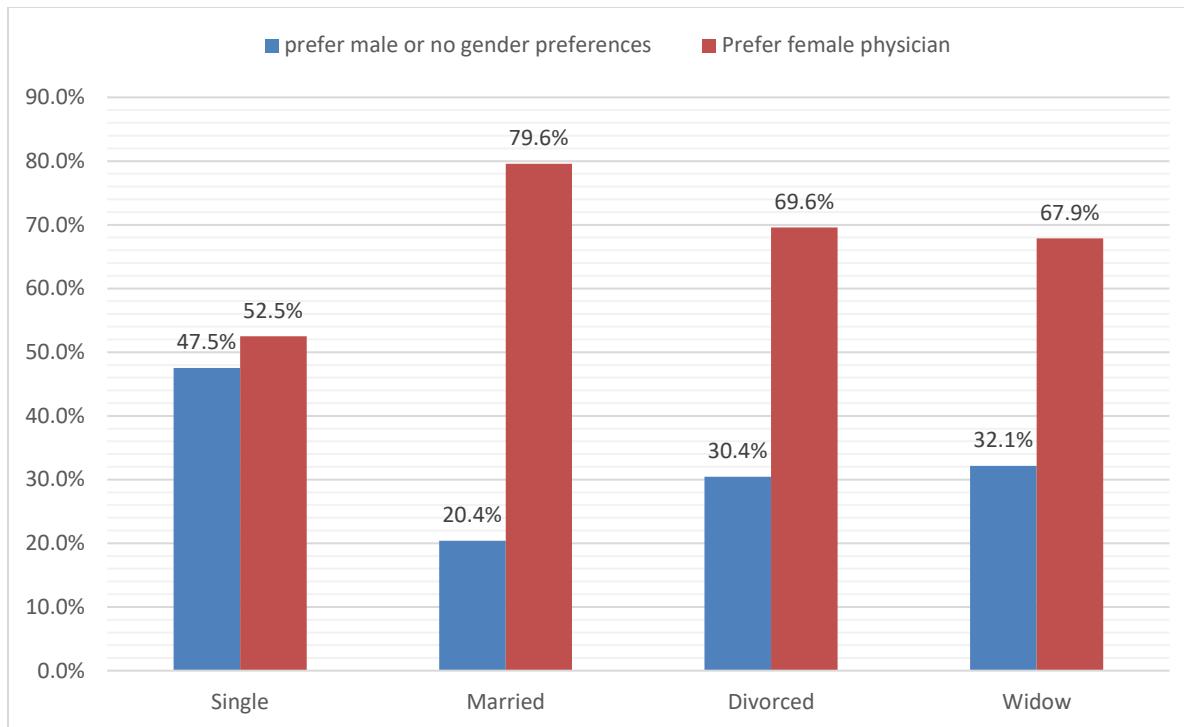
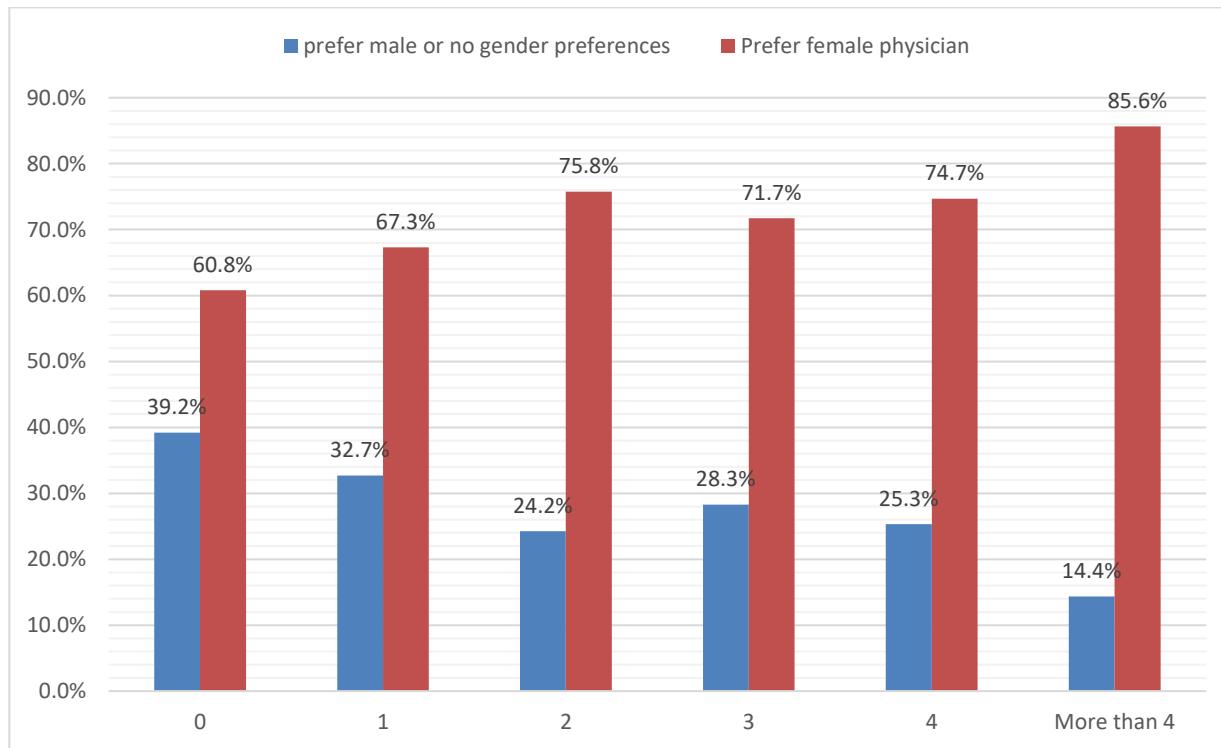


Figure 2 Comparison of gender preferences per region.



**Figure 3** Comparison of gender preferences per marital status.



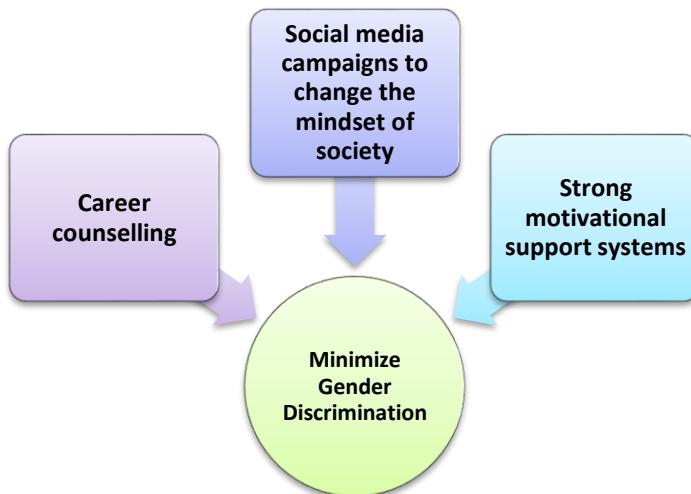
**Figure 4** Comparison of gender preferences per number of children.

**Table 5** Logistic regression analysis of the factors associated with the preference of female OB/GYN doctors.

Variables	OR	<i>p</i> -value	95% C.I. for OR	
			Lower	Upper
Age	0.837	0.210	0.634	1.105
Residence				

Central area	Ref			
Southern area	0.252	0.114	0.046	1.392
Western area	0.312	<0.001	0.188	0.517
Eastern area	0.575	0.191	0.251	1.319
Northern area	0.348	0.008	0.161	0.755
Marital status				
Single	Ref			
Married	2.638	0.003	1.404	4.958
Divorced	1.967	0.220	0.668	5.794
Widow	1.029	0.959	0.342	3.097
Employment				
Unemployed	Ref			
Employed	0.418	<0.001	0.263	0.664
Monthly income	0.998	0.974	0.860	1.157
Number of children	1.197	0.021	1.028	1.395

C.I. = confidence interval, OR = odd ratio, Ref = reference category.



**Figure 5** Strategies to minimize gender discrimination in OB/GYN

#### 4. DISCUSSION

Currently, choosing a career in OB/GYN is very challenging for medical graduates and residents. The numbers of newly graduates considering OB/GYN is low worldwide (Gafson et al., 2017). The main reasons for disfavoring OB/GYN are the stressful environment and burnout due to long shifts and medicolegal conflicts (Lambert et al., 2003; Lambert et al., 2003). Haivas (2005) showed that only one male out of 500 males considered OB/GYN as a future career. Other reasons for avoiding OB/GYN are gender discrimination and bias against male physicians. Most of these attitudes are influenced by patients' religious beliefs and cultural traditions especially among Arabian/Muslim women (Rizk et al., 2005).

This study focused on the preferences and attitudes of Saudi females towards gender selection of OB/GYN doctors; which play an important role in male physicians steering clear from OB/GYN in Saudi Arabia (Iqbal et al., 2020). Our findings are consistent with other studies from the Middle East (Lafta et al., 2006; Bashour et al., 2005; Amir et al., 2012). A survey from Iraq showed that, among 500 respondents, 73% preferred a female gynecologist and 79% preferred a female obstetrician (Lafta et al., 2006). Another survey from Syria showed that more than 85% of females preferred a female obstetrician and that their preference was attributed to a perception of safety, competence and communication style (Bashour et al., 2005). Our findings also support previous studies

which showed that the main reasons for female gender preference are the traditional and cultural beliefs of most Arabian/Muslim females (Bashour et al., 2005; Amir et al., 2012).

Anthony Robbins once said: "All personal breakthroughs begin with a change in beliefs" Our findings emphasize the importance of changing attitudes and modifying traditional customs in order to promote healthier and balanced educational and work environments. Awareness campaigns and counseling can ease patients' apprehensions and reservations which in turn can assist male medical students during their OB/GYN rotations and encourage residents for a career in OB/GYN. In addition, the social media nowadays is playing an undeniable role in spreading knowledge, improving awareness and changing minds. Utilizing the different media platform can establish an image for male OB/GYN doctors that inspire confidence and refute false perceptions (Hjarvard et al., 2008). Figure 5 shows few strategies that can be used to minimize gender discrimination in OB/GYN. Counseling and coaching male physicians can help them approach female patients and gain their trust. It is imperative to assist medical graduates and residents during their rotations or at the beginnings of their careers in OB/GYN. This assistance can be in the form of career counseling, coping strategies and interviews where obstacles and gender and lifestyle issues can be addressed and solved (Bienstock et al., 2005).

Large scale studies should be conducted with an in-depth social and psychological analysis for the attitudes of females regarding gender preferences and their rationales. Such analyses should be done via personal interviews as people's interpretations and views are widely variable and it takes dedication, time and effort to change people's mindsets and start a cultural change.

## 5. CONCLUSION

More than two third of participated women preferred female OB/GYN physicians and this is similar to other Middle East countries, Despite our conservative society, educational campaigns and awareness programs should approach issues like gender equity and discourage discrimination based on gender. To minimize gender gap in OB/GYN, career counseling and nationwide studies should be carried out and adopting new strategies are important to promote education, enhance workplaces and inaugurate gender equity. Male OB/GYN physicians should be patient and dedicated. They also need to accept the challenges in our society and keep a high morale within a motivational support system.

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### Author Contributions

All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.  
Conceptualized and designed the study, Drafted the initial manuscript, Reviewed and revised the manuscript, Designed the data collection instruments, Collected data, carried out the initial analyses, Coordinated and supervised data collection, critically reviewed the manuscript for important intellectual content.

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### Conflict of Interest

The authors declare that there are no conflicts of interests.

### Informed consent

Written & Oral informed consent was obtained from all individual participants included in the study. Additional informed consent was obtained from all individual participants for whom identifying information is included in this manuscript.

### Ethical approval

Ethical Approval and consent to participate: This study has been approved by Research center and ethical committee, College of medicine, King Saud University. Ethical Approval was from IRB of King Saud University Medical City # (980437IRB/2021/Zi). All participants received the approval letter and informed consent.

**Data and materials availability**

All data associated with this study are present in the paper.

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